

**Recovery Workshop Application Form**

**PRIVATE & CONFIDENTIAL**

Name: ..........................................................................................................................

D.O.B: ...........................

Gender: ........................

Address: ......................................................................................................................

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Postcode: ..............................

Tel no.: ....................................................

Mob no.: ..................................................

Email address: ............................................................................................................

Do we have permission to leave a message via: *(please tick where appropriate)*

Voicemail Message in person

SMS Email

Do you have any physical health problem(s)? Yes/No

If yes, please state: .....................................................................................................

Do you have any mental health problem(s)? Yes/No

If yes, please state: .....................................................................................................

GP Name and Address: ..............................................................................................

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Why do you want to attend the Recovery Workshops?

How did you hear about the Recovery Workshops?

Can you attend the Rough Guide Recovery Workshop/Course starting on 17th January 2019 at Kath Locke Centre?

Please return form to:

Self Help, First Floor, Oakland House, 76 Talbot Road

Manchester, M16 0PQ

Or [peertopeer@selfhelpservices.org.uk](mailto:peertopeer@selfhelpservices.org.uk)